New Mexico Behavioral Health Interagency Purchasing Collaborative

Sidonie Squier— Co-Chair · Yolanda Berumen-Deines— Co-Chair
Linda Homer — Chief Executive Officer

PO Box 2348, Santa Fe NM 87504
505.476.9266 Phone
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September 9, 2011

Michael Hely
Staff Attorney
New Mexico Legislative Council Service
State Capitol #411
490 Old Santa Fe Trail
Santa Fe, NM 87501

Dear Mr. Hely:

In response to the September 1, 2011 letter from Senator Mary Kay Papen and Representative Ray Begay, Chair and Co-Chair of the Behavioral Health Services Subcommittee, regarding the February 21, 2011 letter from National Alliance on Mental Illness New Mexico, please find enclosed a copy of the Collaborative response to the February 21, 2011 letter.

Sincerely,

Sidonie Squier

Sidonie Squier
Secretary
Human Services Department

New Mexico Behavioral Health Interagency Purchasing Collaborative

Sidonie Squier— Co-Chair · Yolanda Berumen-Deines— Co-Chair
Linda Homer — Chief Executive Officer

PO Box 2348, Santa Fe NM 875(
505.476.9266 Phone
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September 12, 2011

Kris Ericson
President
NAMI – New Mexico
7204 Loma del Norte Road NE
Albuquerque, NM 87109-5419

Dear Ms. Ericson:

At the August 19, 2011 Legislation Health and Human Services (LHHS) Behavioral Health Services Subcommittee in Las Cruces, it was brought to our attention that NAMI had not received a written response to its February 21, 2011 letter regarding clinical triggers. I apologize for not providing a written response. While collaborative members and staff had conversations with NAMI members, providers, consumers and advocates, it was an oversight not to have given you a written response.

The Collaborative issued the Sanction February 16, 2011 (Sanction letter attached). OHNM appealed twice to the Collaborative CEO per their contractual right. The CEO upheld the Sanction in response to each appeal. OHNM exercised its final appeal to the Collaborative Co-Chairs. The Co-Chairs issued their finding on June 10, 2011 upholding the original sanction and instructing OHNM in next steps. A chronology of the actions related to OptumHealth New Mexico's (OHNM) imposition of clinical triggers on January 1,2011 is attached. Relevant correspondence related to Collaborative decisions is also attached. After you have had a chance to review this material, please feel free to contact me, if you have additional questions or need clarification.

In March and early April, 2011, after talking with the Provider Council, OHNM changed the management of clinical triggers. Correspondence regarding these changes is also attached.

I want to give you a brief summary of the financial impact and status of payments regarding clinical triggers to date. The summary is below:

During the period, January 1 – March 31, 2011 OHNM received invoices in the amount of $3,348,488.83. The adjusted amount contractually allowable was $2.9 million.

Out of those invoices, OHNM automatically paid $1,734,395.92.

Since this initial payment, OHNM has paid an additional $215,730.62. Currently, OHNM is scheduled to pay an additional $449,503 (approximate) by September 16, 2011.

Out of the original $2.9 million impacted by clinical triggers, 83% of the claims amount will be paid to providers by September 16, 2011. OHNM will also be paying interest to

providers that send in reconsiderations from when the claim(s) were first submitted in the January – March 2011 timeframe. OHNM is anticipating additional payments due to reconsiderations being accepted until September 30. Diana McWilliams, Deputy CEO, is monitoring this sanction. She will provide a final status report at the October Collaborative meeting.

In your letter you mention your support for the Collaborative strategic plan to increase community success and reduce residential and inpatient treatment. We appreciate your support and remain committed to this strategic goal. I have enclosed a draft report from our Quality Improvement Committee. This report is a sample of how we will be monitoring utilization, for both adults and children, to assure the service development and delivery is moving in the direction of the Adult and Children's Purchasing Plans.

I should also let you know that last spring the Center for Medicare and Medicaid Services received a letter expressing concern regarding the clinical trigger issues in New Mexico including how the state responded. The information provided to you in attachments to this letter, was provided to CMS and they accepted the actions we have taken.

Finally, I note your recommendations for action. I believe the attached material described our actions and findings. If you have questions or need further clarification, please let me know.

Sincerely,

Sidonie Squier

Sidonie Squier
Secretary, Human Services Department

cc: Linda Roebuck Homer
Keith Garner
Yolanda Deines, Secretary, CYFD
New Mexico State Senator
New Mexico State Representatives
New Mexico Youth Alliance
Adult Provider Association
New Mexico Attorney General's Office
Legislative Finance Committee
Ron Honberg, NAMI National

Chronological Summary of Actions Related to OptumHealth Clinical Triggers as of August 30, 2010

December 29, 2010 – OptumHealth New Mexico (OHNM) sent a Provider Alert which they believe should have alerted the Provider Community to the imposition of clinical triggers. (Provider Alert dated 12/29/2010 titled "Facets System Changes.") The provider alert indicated that OHNM was merely instituting an electronic process for something already being done manually. The alert reads in pertinent part.... "This enhancement will systematically apply general clinical standards that are currently applied manually."

January 4, 2011 – Carol Levine, acting CEO for OptumHealth, reported to the Provider Council on January 4, 2011 that there would be a budget challenges in 2011, that OHNM was "strengthening" the way contracted benefits are managed and to make sure that New Mexicans "continue to get the right behavioral health treatment, at the right level, time and place while using the state's available resources in the most efficient way possible." This is a direct quote from the minutes.

Beginning in mid-January, the New Mexico Behavioral Health Purchasing Collaborative (Collaborative) began to receive numerous complaints that OHNM had denied services already provided and that had never required any kind of prior authorization, in particular Behavioral Management Services (BMS) and Psycho Social Rehab Services (PSR). Providers acknowledged the Provider Alert regarding clinical triggers from December 29, 2010 and the January 4, 2011 Provider Council report by Carol Levine. Providers indicated that these communications were "oblique" and not clear. There was no mention of specific services impacted, specifics regarding the triggers, or provider involvement in development or review of the clinical triggers. Providers said this issue should have been discussed with the Executive Council of the Provider Council. The end result of the lack of specificity by OHNM regarding clinical triggers was that providers had claims denied after already providing services they had no reason to believe were not authorized.

OHNM provided clinical trigger guidelines and data to the Collaborative Oversight Committee at the end of January, 2011, per the Oversight Committee's request.

Upon review of communications, information provided by OHNM, federal law, state regulation and the contract between OHNM and the Collaborative, the Collaborative determined there had been violations.

A Sanction letter was sent to OHNM on February 26, 2011 (see attached correspondence) stating this determination and directing OHNM:

1. Cease to deny all claims or claim lines resulting from all of the clinical triggers imposed on services provided from January 1st forward until a proper process is in place. Further, OHNM is to pay all claims or claim line for which reconsideration, requests for clinical review or appeals have been filed or which are currently pending claims processing that are related to the improper imposition of these clinical triggers.

New Mexico Behavioral Health Purchasing Collaborative

Collaboration for Recovery, Resiliency and Empowerment

Aging and Long-Term Services Department

Administrative Office of the Courts

Children, Youth and Families Department

Corrections Department

Department of Finance and Administration

Department of Health

Department of Transportation

Developmental Disabilities Planning Council

Division of Vocational Rehabilitation

Governor's Commission on Disability

Governor's Senior Health Policy Advisor

Health Policy Commission

Human Services Department

Indian Affairs Department

Mortgage Finance Authority

Public Education Department

Higher Education Department

PO Box 2348
Santa Fe, NM
87504-2348

February 16, 2011

Ms. Carol Levine
Acting CEO
OptumHealth New Mexico
8801 Horizon Blvd., NE, Suite 260
Albuquerque, NM 87713

Dear Ms. Levine:

As you are aware, beginning approximately the second week of January, the State became aware that OptumHealth had implemented a set of clinical triggers designed to limit the units of service that providers are able to deliver without resort to clinical review. Imposition of the triggers is of concern with all of the services included but of particular concern regarding BMS and PSR. Neither the provider community nor the State was given adequate and appropriate prior notice of this significant change. In fact, the Provider Alert sent on December 29th indicated that OptumHealth was merely instituting an electronic process for something already being done manually; this of course, proved not to be an accurate statement. The end results of this failure to notice the State and provider community is that providers have had claims denied after already providing services they had no reason to believe were not authorized. Further, they had no opportunity to work with and prepare consumers for this change in their course of care. This is an untenable situation.

The unilateral action, taken by OptumHealth in the name of managing care, violates federal law, state regulation, and the contract between OptumHealth and the Behavioral Health Purchasing Collaborative. Specifically:

1. 42 CFR 438.236 Practice Guidelines which states in pertinent part that MCOs, PIHPs and PAHPs adopt practice guidelines that are at (b)(3) adopted in consultation with contracting health care professionals. Further Section (c) requires that guidelines be disseminated to all affected providers and, upon request, to enrollees.
2. NMAC Regulation 8.305.8.12 G (2) requires that the MCO shall involve board certified providers from its network who are to be consulted in the development of clinical guidelines as well as 8.305.8.13 which requires that the MCO/SE request approval from HSD of all UM and level of care criteria.
3. Section 3.6 A3 of the contract between the SE and the Purchasing Collaborative requires that OptumHealth provide notice to the Collaborative Co-Chairs sixty (60) days prior to making any changes to the behavioral health system and give the Collaborative the right to approve or deny the proposed change. In addition, Section 3.6 A4 prohibits OptumHealth from making changes to the system or program during the State's Legislative session or for sixty (60) days preceding the session.

New Mexico Interagency Behavioral Health Purchasing Collaborative

Collaboration for Recovery, Resiliency and Empowerment

Aging and Long-Term Services Department

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Developmental Disabilities Planning Council

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Governor's Senior Health Policy Advisor

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Mortgage Finance Authority

Public Education Department

PO Box 2348
Santa Fe, NM
87504-2348

March 24, 2011

Mr. Mike Evans, CEO
OptumHealth New Mexico
8801 Horizon Blvd., NE, Suite 260
Albuquerque, NM 8713

Re: OptumHealth New Mexico's Article 15.3 Dispute of Sanction—Clinical Triggers

Dear Mr. Evans:

The New Mexico Interagency Behavioral Health Purchasing Collaborative (the "Collaborative") is in receipt of OptumHealth New Mexico's ("OptumHealth") letter, dated March 3, 2011, invoking a "Dispute of Sanction" pursuant to Article 15.3 of its contract with Collaborative. After a thorough review of the dispute letter and the attached exhibits, I am upholding the sanctions imposed by the Collaborative on February 16, 2011. As explained below, nothing in OptumHealth's dispute letter provides evidence that OptumHealth properly consulted with providers, received the approval of the Collaborative or properly disseminated the clinical triggers imposed on January 2, 2011.

OptumHealth's defense of its action relies on various meetings and email correspondence between the company and its Clinical Advisory Committee and other providers, as well as with the Collaborative. These discussions generally related to ways that OptumHealth might be more aggressive in its approach to prior authorization and/or utilization management. Specifically, many of these conversations looked at the concept of implementing practice and clinical guidelines. However, not a single document provided by OptumHealth demonstrates that OptumHealth discussed with providers and/or intended to implement the precise clinical triggers implemented effective January 2nd

implementation of the triggers. Nothing in the exhibits provided offer any indication that the clinical triggers imposed in January 2011 were specifically discussed with the Clinical Advisory Committee or disseminated to the general provider community.

2. OptumHealth Failed To Provide The Requisite Notice And Obtain the Requisite Approval From The Collaborative Before Implementing The Clinical Triggers.

In the response to the State's sanction letter, OptumHealth appears to take the position that it provided notice to and received approval from the Collaborative before implementing the clinical triggers. I do not find these arguments persuasive. OptumHealth posits that because the Collaborative suggested that OptumHealth undertake a study of BMS and PSR and come back with suggestions for ways to control outliers for these services, it "approved" the imposition of clinical triggers. While it is certainly agreed that, in February 2010, the Collaborative requested "an analysis of cost associated with implementing a Prior Auth process...." (Dispute letter, p.5 & Exhibit 6), a simple request for an analysis does not constitute an agreement that OptumHealth was authorized to move forward with the imposition of clinical triggers. In fact, the expectation was that OptumHealth would undertake the kind of study it proposed with the Clinical Advisory Committee, come up with recommendations and propose those formally to the Collaborative. That never happened and there is nothing in the documents attached to OptumHealth's dispute letter to suggest a study and recommendations were ever presented to the Collaborative.

OptumHealth made no proposal to implement clinical triggers related to medical necessity for BMS or PSR. The first time OptumHealth provided information that could even remotely be construed as notice was in a December 29, 2010 "Provider Alert". This Alert, issued a mere two days before OptumHealth's implementation of the clinical triggers, never mentioned clinical triggers. The alert is entitled "Facet System Changes" and states in pertinent part: "This enhancement will systematically apply general clinical standards that are currently applied manually." This statement is false. Since the clinical triggers were never manually applied, there is no way that this "Alert" could be read by any reasonable person as providing notice that clinical triggers never used before were about to be implemented. And, even if it had, this Alert would not have met the notice and approval requirements of state regulation and the contract.[2]

3. The Clinical Triggers Imposed by OptumHealth Do Constitute a Significant Change in the Behavioral Health System.

Finally, OptumHealth argues that it could implement the clinical triggers without approval under the contract because it was not a "significant change" or even a "change" to the behavioral health system. I disagree. The implementation of the clinical triggers was a very significant change to the behavioral health service system. The services limited by the triggers include approximately 136 service codes, including BMS and PSR. The clinical triggers caused the denial of claims for services that had previously been authorized without prior approval or retroactive review. The clinical triggers resulted in a whole new administrative process for providers who render services above the triggers. The additional administrative burden put on providers who billed and provided services and then required to request an appeal for any units above the trigger has greatly impacted many

[2] I also find OptumHealth's suggestion that "approval" does not mean "prior approval" is without merit. With regard to guidelines, it has been the practice by both OptumHealth and the Collaborative that they are approved by the state prior to any implementation. This is standard practice. Indeed, OptumHealth submitted for approval initial LOC guidelines for various services prior to the implementation of the contract as well as for revisions to specific LOC guidelines in June of 2010. In any event, the clinical triggers were a change to the behavioral health system that required prior Collaborative approval under the contract.

New Mexico Interagency Behavioral Health Purchasing Collaborative

Collaboration for Recovery, Resiliency and Empowerment

Aging and Long-Term Services Department

Administrative Office of the Courts

Children, Youth and Families Department

New Mexico Corrections Department

Department of Finance and Administration

Department of Health

Department of Workforce Solutions

Department of Transportation

Developmental Disabilities Planning Council

Division of Vocational Rehabilitation

Governor's Commission on Disability

Governor's Health Policy Advisor

Health Policy Commission

Human Services Department

Indian Affairs Department

Mortgage Finance Authority

Public Education Department

PO Box 2348
Santa Fe, NM
87504-2348

June 10, 2011

Mr. Mike Evans, CEO
OptumHealth New Mexico
8801 Horizon Blvd., NE, Suite 260
Albuquerque, New Mexico 87113

Re: OptumHealth New Mexico's Article 15.3 Dispute of Sanction-Clinical Triggers

Dear Mr. Evans:

As Co-Chairs of the New Mexico Interagency Behavioral Health Purchasing Collaborative (Collaborative), we have reviewed OptumHealth New Mexico's (OHMN) May 17, 2011 written documentation and subsequent attachments, as well as, the oral testimony given by your staff and attorneys regarding the sanction imposed on OHNM on February 16, 2011 and later upheld by the Collaborative on March 24, 2011.

The Co-Chairs find, as stated in the March 24, 2011 letter to you from Linda Roebuck Homer, CEO of the Collaborative, that OHNM: did not adopt guidelines on clinical triggers for Behavioral Management Skills (BMS) and Psychosocial Rehabilitation (PSR) services in consultation with contracting health care professionals or network providers; failed to provide the requisite notice and to obtain the requisite approval from the Collaborative before implementing the clinical triggers for BMS and PSR services; and created a significant change in the behavioral health system by imposing clinical triggers for BMS and PSR services.

Furthermore, the Co-Chairs find that there was insufficient evidence to substantiate that the clinical triggers imposed by OHNM for BMS and PSR services were, in fact, implemented in order to identify claims for prepayment review, as stated in your May 17, 2011 written evidence submitted.

However, the Co-Chairs do appreciate the fact that OHNM has modified its practice of clinical triggers for BMS and PSR services by replacing the trigger system with a prospective prior authorization process. This new process was conditionally approved by Ms. Roebuck Homer on April 7, 2011.

In addition, it is our understanding from OHNM's May 17, 2011 written evidence that, of the approximate 3000 claims in question during the time the clinical triggers for BMS and PSR were imposed (January 1, 2011 to March 31, 2011), OHNM has approved payment for approximately 60 percent of the reconsidered claims. OHNM is arguing that "[d]enial of payment is being upheld by an approved licensed clinician for 40 % of those units." (See May 17, 2011 Letter to Secretary Squier and Secretary Torres from the Barnett Law Firm, P.A. *Re: OptumHealth New Mexico's Article 15.3 Dispute of Sanction – Clinical Trigger*, page 5).

Based on this information given to the Co-Chairs by OHNM, the following is the final decision of the Co-Chairs regarding this matter:

OHNM will ensure provider payment of the approximately 60 percent of BMS and PSR claims (between January 1, 2011 and March 31, 2011) already reconsidered and approved by no later than June 30, 2011; and

OptumHealth℠
NEW MEXICO

Michael K. Evans
Chief Executive Officer
8801 Horizon Blvd., NE, Suite 260
Albuquerque, New Mexico 87113
Telephone: 505-798-5662
Fax: 877-220-6206
michael.k.evans@optumhealth.com

March 28, 2011

BY EMAIL AND REGULAR MAIL

Ms. Linda Roebuck Homer
Chief Executive Officer
New Mexico Interagency Behavioral
Health Purchasing Collaborative
P. O. Box 2348
Santa Fe, NM 87504-2348

Re: Clinical Triggers as they pertain to BMS (H2014) and PSR (H2017) Services

Dear Ms. Roebuck Homer:

As you are aware, OptumHealth New Mexico has met with the Executive Committee of the Provider Council and with the Provider Council to obtain provider input into a revised process going forward for the Clinical Triggers as they pertain to BMS (H2014) and PSR (H2017) services. As of Friday, March 18th, the Provider Council voted to approve the new jointly designed process.

In summary, the daily trigger would be replaced by a monthly trigger equivalent to 16 units/day (or 4 hours/day) for BMS and PSR services based on a five day week. Additionally, the retrospective process of reconsideration requests would be replaced by a prospective prior authorization process by which providers may request additional units which may be used over a 90 day period. The reconsideration request would potentially be subject to a clinical review of the case. This will give greater flexibility to the provider's ability to manage a given episode of care.

Prior authorization for a service that previously was "open access" requires approval from the Collaborative, so I am writing to obtain approval to proceed.

It is also very important that we effectively communicate this plan to the providers providing BMS and PSR services. Our plan is three-fold:

1. Discuss the communication and implementation plan at the Provider Council meeting on April 5th
2. Personal contact by our regional teams to high volume providers of BMS and PSR services by April 8th
3. Send a written provider communication via the standard "Provider Alert" mechanism on April 8th

In the communication from Mr. Shannon Freedle dated March 18th, of which you were copied, Mr. Freedle disclosed 6 items described as "for the record," of which OptumHealth New Mexico is taking under advisement, and will be discussing these with the Provider Council during the April 5th meeting.

Summary of Current Recommendations for Clinical Triggers Presented to the Provider Council on 3/15/11

1. The triggers for Psych and Neuropsych testing will be discontinued (96101-96120)

2. We will revise the process regarding triggers for BMS and PSR Services as follows:

   - Daily triggers, as we know them today, will be removed
   - The unit limit of 16 units (4 hrs) will remain, but will change from a daily trigger to a monthly trigger (rounded to 350 units/month, based upon 16 units/day/5 days/week/4.3 weeks/month)
   - The monthly units will automatically renew each month
   - For units beyond the initial monthly allocation, providers will submit an exception request for additional units up to a maximum of 90 days from the first of the month in which it is submitted
   - Units that exceed the monthly unit allocation for which there is no exception request will be denied
   - OHNM reserves the right to do systematic and periodic clinical quality audits to determine appropriateness for services billed. If services do not meet medical necessity or are not properly documented, recoupment may occur.
   - OHNM reserves the right to do clinical quality audits for all consumers who average in excess of 6 hrs/day per monthly period, even if previously reviewed
   - This new process will be effective 4/1/11

3. All other clinical triggers remain the same as they are today

Aging and Long-Term Services Department

Children, Youth and Families Department

Corrections Department

Department of Finance and Administration

Department of Health

Department of Transportation

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PO Box 2348
Santa Fe, NM
87504-2348

April 7, 2011

Mike Evans, CEO
OptumHealth New Mexico
8801 Horizon Blvd., NE, Suite 260
Albuquerque, NM 87113

Dear Mr. Evans:

Thank you for the requested clarification regarding clinical triggers as they pertain to BMS (H2014) and PSR (H2017). Collaborative staff have reviewed the "Summary of Current Recommendations for Clinical Triggers Presented to the Provider Council on 3/15/11 As revised for Clarification 4/4/11". It is our understanding that the revised document was discussed with the Executive Committee of the Provider Council on April 5, 2011.
As discussed in our Open Issues meeting, April 6, 2011, the Collaborative is giving preliminary approval for OptumHealth to implement the clinical triggers for BMS and PSR as described in the 4/4/11 revised for Clarification document. This preliminary approval is for 90 days; final approval is subject to OptumHealth working with the Oversight Team (OT) over the next 90 days to:

- Submit a copy of the Provider Alert to be sent out to providers on this revised process.
- Provide the revised LOC criteria for BMS and PSR service (within 30 days of this letter) for approval by the OT.
- Provide a detailed description of the prior authorization process and form(s) to be used by providers for review and recommendations from the OT.
- Provide OT with a list of BMS and PSR providers and with Sharepoint or other documentation of dates and communications with these providers related to implementation of the new prior authorization process.
- Present data and information on BMS and PSR authorization requests, claims/dollars paid/ problems/barriers identified in the process (additional data and information TBD) at regularly scheduled OT meetings.

In our meeting yesterday, we agreed that on Number 4.b. of the Summary, OptumHealth will begin with regional meetings with high volume-providers of BMS and PSR services and then proceed to meet with all providers of these services to review the new prior authorization process.

Summary of Current Recommendations for Clinical Triggers Presented to the Provider Council on 3/15/11
As revised for Clarification 4/4/11

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1. The triggers for Psych and Neuropsych testing will be discontinued (96101-96120)

2. We will revise the process regarding triggers for BMS and PSR Services as follows:

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   - The unit limit of 16 units (4 hrs) will remain, but will change from a daily trigger to a monthly trigger (rounded to 350 units/month, based upon 16 units/day/5 days/week/4.3 weeks/month)
   - The monthly units will automatically renew each month
   - The reconsideration process will be replaced by the prospective process of prior authorization requests

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   - For units beyond the initial monthly allocation, providers will submit ~~an exception~~ prior authorization request for additional units up to a maximum of 90 days from the first of the month in which it is submitted. Such requests will be subject to the utilization management review process.
   - Units that exceed the monthly unit allocation for which there is no ~~exception request~~submitted prior authorization request will be denied.
   - OHNM reserves the right to do systematic and periodic clinical quality audits to determine appropriateness for services billed. If services do not meet medical necessity or are not properly documented, recoupment may occur.
   - OHNM reserves the right to do clinical quality audits for all consumers who average in excess of 6 hrs/day per monthly period, even if previously reviewed
   - This new process will be effective 4/1/11, pending approval of the prior authorization request do they mean LOC criteria here or approval of this process?? by the Collaborative

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3. All other clinical triggers remain the same as they are today

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Funding: ALL Funding Sources
Report Title: CI-09 Services Utilization (Encounters) Report

(youth 20 and under)	Children's Purchasing Plan: Expenditures by Level of Care				
service category	FY08	FY09	FY10	FY11	Future Target
inpatient	8%	8%	7%	7%	5%
residential	57%	55%	51%	47%	45%
intensive outpatient	5%	5%	5%	6%	10%
outpatient	18%	20%	20%	25%	15%
recovery	8%	11%	12%	12%	20%
value-added	4%	3%	3%	3%	5%
uncategorized			3%	0%	

DRAFT